| Application or Docket Number   |  |   |             |   |                  |              |                      |                         |      |                            | ret 190                |
|--|--|---|-------------|---|------------------|--------------|----------------------|-------------------------|------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998  9/4/5578   |  |   |             |   |                  |              |                      |                         |      |                            |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |             |   |                  |              | SMALL ENTITY TYPE OR |                         |      | OTHER THAN<br>SMALL ENTITY |                        |
| FO   | R  | NUMB  | ER FILED    | NUMBER E                                      | NUMBER EXTRA     |              | ATE                  | FEE                     |      | RATE                       | FEE                    |
| BAS  | SIC FEE  |   |             | -   |                  |              |                      | 380.00                  | OR   |                            | 760.00                 |
| TO   | TAL CLAIMS                                     |   | 23 minus 2  | 20= * 3                                       | • 3              |              | \$ 9=                |                         | OR   | X\$18=                     | 54                     |
| IND  | EPENDENT CL                                    | AIMS  | ) minus     | 3 = *   | •                |              | (39=                 |                         | OR   | X78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |             |   |                  | 1.           | 130=                 |                         | OR   | +260=                      |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |             |   |                  |              | OTAL                 |                         | OR   | TOTAL                      | 814                    |
| CLAIMS AS AMENDED - PART II  |  |   |             |   |                  |              |                      | <u> </u>                | ,    | OTHER                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |             |   |                  | S            | MALL I               | ENTITY                  | OR   | SMALLE                     |                        |
| MA   | 10 m s   | CLAIMS REMAINING AFTER AMENDMENT                      |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | F            | ATE                  | ADDI-<br>TIONAL<br>FEE  |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | . 23  | Minus       | 20  | <u>-3</u>        |              | \$ 9=                |                         | ОR   | X\$18=                     | 5400                   |
| MOM  | Independent                                    | . 2   | Minus       | <b></b> 3                                     | •                | <b> </b>     | C39=                 |                         | OR   | X78=                       |                        |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   |                  | 1.           | 130=                 |                         | OR   | +260=                      |                        |
|  |  |   |             |   |                  |              | TOTAL                |                         |      | TOTAL<br>ADDIT, FEE        | 61400                  |
|  | 8/10/12  | (Column_1)  |             | (Column 2)                                    | (Column 3)       | ADO          | NT. PEE              |                         | 3    | ADDIT. FEBI                |                        |
| AMENOMENT'B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT             |             | HIGHEST<br>NUMBER<br>PRÉVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | F            | RATE                 | ADDI-<br>TIONAL<br>FEE: |      | RATE.                      | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | . 83  | Minus       | - 23  | :                | 1 7          | <b>(\$ 9=</b>        |                         | OR   | X\$18=                     | ·                      |
|  | independent                                    | . 3   | Minus       | - 3   |                  | ,            | <b>C39=</b>          |                         | OR   | X78=                       |                        |
| _  | FIRST PRESE                                    | ENTATION OF   | MULTIPLE DE | PENDENT CLAIM                                 |                  |              | 130=                 |                         | OR   | +260=                      |                        |
|  | ·  |   |             |   |                  |              | TOTAL                |                         | OR   | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |             |   |                  |              | DIT. FEE             |                         | 70., | ADDIT. FEE                 |                        |
| MC   |  | (Column 1<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |             | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT<br>EXTRA | ſ            | RATE                 | ADDI-<br>TIONAL<br>FEE  |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus       | **  | 2                |              | X\$ 9=               |                         | OR   | X\$18=                     |                        |
|  | Independent                                    | •   | Minus       | ***   | =                |              | X39=                 |                         | OR   | X78=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   |                  | 1 <b> </b> - | 120-                 | <b>1</b>                | 1    | +260=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **TOTAL OR TOTAL OR ADDIT FEE   |  |   |             |   |                  |              |                      |                         |      |                            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |             |   |                  |              |                      |                         |      |                            |                        |
| FORM PTO-275 DOOL AVOILDIDE CODY Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  |  |   |             |   |                  |              |                      |                         |      |                            |                        |

(Rev. 11/98)

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